

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 448.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- 9556	2. Fiscal Year Covered From: 12 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	
Name: MANUEL P. MARTINEZ	Name: LABORERS LOCAL UNION #383
P.O. Box, Bldg., Room No., if any	
Street: 512 WEST ADAMS	Street: 512 WEST ADAMS
City: PHOENIX	City: PHOENIX
State: Arizona	State: Arizona
ZIP Code + 4: 85003-1609	ZIP Code + 4: 85003-1609
5. Position in labor organization: VICE-PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name: _____	_____
Trade Name, if any: _____	_____
P.O. Box, Bldg., Room No., if any	_____
Street: _____	7.b. Amount.
City: _____	_____
State: _____ ZIP Code + 4: _____	_____

Signature

8. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Manuel P. Martinez

On **8-10-05** Date **(602) 258-6521** Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name OHIO VALLEY & SOUTHERN STATES L.B.C., E.T.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 25 CENTURY BLVD. SUITE 305

City NASHVILLE

State Tennessee ZIP Code + 4 37214

9. Business deals with:

 a. Labor Organization b. Trust c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State ZIP Code + 4:

11.a. Nature of such dealing:

11.b. Approximate dollar value of such dealing:

12.a. Nature of interest held or income received:

RECEPTION 11/11/2004 ----- \$45.95

12.b. Amount:

\$46

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State ZIP Code + 4:

14.a. Nature of payment:

14.b. Amount of payment: